

DOCKET FILE COPY ORIGINAL

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Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554

RECEIVED

SEP 2 - 1998

FEDERAL COMMUNICATIONS COMMISSION
OFFICE OF THE SECRETARY

In the Matter of)

MOBILEMEDIA CORPORATION, et al.)

WT DOCKET NO. 97-115

Applicant for Authorizations and Licensee of)
Certain Stations in Various Services)

Applications of)

MOBILEMEDIA CORPORATION and)
ARCH COMMUNICATIONS GROUP, INC.)
for Transfer of Control of Their Radio Licenses)

File No. _____

To: The Commission

APPLICATIONS FOR TRANSFER OF CONTROL AND
PETITION TO TERMINATE AND FOR SPECIAL RELIEF

VOLUME II

READ INSTRUCTIONS CAREFULLY

BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

APPROVED BY OMB

3060-0699

(1) LOCKBOX # 358130

PAGE NO. 1 OF 1

SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card)

MobileMedia Communications, Inc., Debtor-in-Possession

(3) TOTAL AMOUNT PAID (dollars and cents)

\$ 740.00

(4) STREET ADDRESS LINE NO. 1

One Executive Drive

(5) STREET ADDRESS LINE NO. 2

Suite 550

(6) CITY

Fort Lee

(7) STATE

NJ

(8) ZIP CODE

07024

(9) DAYTIME TELEPHONE NUMBER (include area code)

(201) 969-4692

(10) COUNTRY CODE (if not in U.S.A.)

SECTION B - APPLICANT INFORMATION

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

MobileMedia Corporation, Debtor-in-Possession

(12) STREET ADDRESS LINE NO. 1

One Executive Drive

(13) STREET ADDRESS LINE NO. 2

Suite 500

(14) CITY

Fort Lee

(15) STATE

NJ

(16) ZIP CODE

07024

(17) DAYTIME TELEPHONE NUMBER (include area code)

(201) 969-4692

(18) COUNTRY CODE (if not in U.S.A.)

SECTION C - PAYMENT INFORMATION

(19A) FCC CALL SIGN/MOTHER ID

E930331

(20A) PAYMENT TYPE CODE (PTC)

C

N

X

(21A) QUANTITY

1

(22A) FEE DUE FOR (PTC) IN BLOCK 20A

\$ 365.00

(23A) FCC CODE 1

(24A) FCC CODE 2

(19B) FCC CALL SIGN/MOTHER ID

E940174

(20B) PAYMENT TYPE CODE (PTC)

C

F

X

(21B) QUANTITY

3

(22B) FEE DUE FOR (PTC) IN BLOCK 20B

\$ 375.00

(23B) FCC CODE 1

(24B) FCC CODE 2

(19C) FCC CALL SIGN/MOTHER ID

(20C) PAYMENT TYPE CODE (PTC)

(21C) QUANTITY

(22C) FEE DUE FOR (PTC) IN BLOCK 20C

(23C) FCC CODE 1

(24C) FCC CODE 2

(19D) FCC CALL SIGN/MOTHER ID

(20D) PAYMENT TYPE CODE (PTC)

(21D) QUANTITY

(22D) FEE DUE FOR (PTC) IN BLOCK 20D

(23D) FCC CODE 1

(24D) FCC CODE 2

(25) PAYER TIN
0 2 2 3 3 7 9 7 1 2(26) COMPLETE THIS BLOCK ONLY IF APPLICANT NAME IS DIFFERENT FROM PAYER NAME IN A-3
APPLICANT TIN
0 2 2 3 2 5 3 0 0 6

SECTION E - CERTIFICATION

(27) CERTIFICATION STATEMENT

I, _____, Certify under penalty of perjury that the foregoing and supporting information
(PRINT NAME)

are true and correct to the best of my knowledge, information and belief. SIGNATURE _____

SECTION F - CREDIT CARD PAYMENT INFORMATION

(28)

MASTERCARD/VISA ACCOUNT NUMBER

MASTERCARD

EXPIRATION DATE:

MONTH YEAR

VISA

I hereby authorize the FCC to charge my VISA or MASTERCARD

(for the service(s)/authorization(s) herein described.)

AUTHORIZED SIGNATURE

DATE

SEE PUBLIC BURDEN ESTIMATE ON REVERSE

FCC FORM 168 JULY 1997 (REVISED)

FEDERAL COMMUNICATIONS COMMISSION

APPROVED BY OMB 5060-0688

REMITTANCE ADVICE (Continuation Sheet)PAGE NO. 2 OF 11**SECTION BB - ADDITIONAL APPLICANT INFORMATION**

(11) APPLICANT NAME (If paying by credit card, enter name exactly as it appears on your card)

(12) STREET ADDRESS LINE NO. 1

(13) STREET ADDRESS LINE NO. 2

(14) CITY

(15) STATE

(16) ZIP CODE

(17) DAYTIME TELEPHONE NUMBER (include area code)

(18) COUNTRY CODE (If not in U.S.A.)

SECTION CC - PAYMENT INFORMATION

(19A) FCC CALL SIGN/OTHER ID

(20A) PAYMENT TYPE CODE (PTC)

(21A) QUANTITY

(22A) FEE DUE FOR (PTC) IN BLOCK 20A

KNKG815

C M D

1

\$ 280.00

(23A) FCC CODE 1

(24A) FCC CODE 2

(19B) FCC CALL SIGN/OTHER ID

(20B) PAYMENT TYPE CODE (PTC)

(21B) QUANTITY

(22B) FEE DUE FOR (PTC) IN BLOCK 20B

C A D

49

\$ 2,205.00

(23B) FCC CODE 1

(24B) FCC CODE 2

(19C) FCC CALL SIGN/OTHER ID

(20C) PAYMENT TYPE CODE (PTC)

(21C) QUANTITY

(22C) FEE DUE FOR (PTC) IN BLOCK 20C

KIA955

C M D

1

\$ 280.00

(23C) FCC CODE 1

(24C) FCC CODE 2

(19D) FCC CALL SIGN/OTHER ID

(20D) PAYMENT TYPE CODE (PTC)

(21D) QUANTITY

(22D) FEE DUE FOR (PTC) IN BLOCK 20D

C A D

21

\$ 945.00

(23D) FCC CODE 1

(24D) FCC CODE 2

SECTION DD - TAXPAYER INFORMATION

(25) COMPLETE THIS BLOCK ONLY IF SECTION BB IS APPLICABLE

APPLICANT TIN

0 2 2 3 2 5 3 0 0 6

reset form

FCC FORM 159-C JULY 1997(REVISED)

FEDERAL COMMUNICATIONS COMMISSION

APPROVED BY OMB 3045-0599

REMITTANCE ADVICE (Continuation Sheet)PAGE NO. 3 OF 11**SECTION BB - ADDITIONAL APPLICANT INFORMATION**

(11) APPLICANT NAME (If paying by credit card, enter name exactly as it appears on your card)

(12) STREET ADDRESS LINE NO. 1

(13) STREET ADDRESS LINE NO. 2

(14) CITY

(15) STATE

(16) ZIP CODE

(17) DAYTIME TELEPHONE NUMBER (Include area code)

(18) COUNTRY CODE (If not in U.S.A.)

SECTION CC - PAYMENT INFORMATION

(19A) FCC CALL SIGN/OTHER ID

(20A) PAYMENT TYPE CODE (PTC)

(21A) QUANTITY

(22A) FEE DUE FOR (PTC) IN BLOCK 20A

KDS452

C

M

D

1

\$ 280.00

(23A) FCC CODE 1

(24A) FCC CODE 2

(19B) FCC CALL SIGN/OTHER ID

(20B) PAYMENT TYPE CODE (PTC)

(21B) QUANTITY

(22B) FEE DUE FOR (PTC) IN BLOCK 20B

C

A

D

20

\$ 900.00

(23B) FCC CODE 1

(24B) FCC CODE 2

(19C) FCC CALL SIGN/OTHER ID

(20C) PAYMENT TYPE CODE (PTC)

(21C) QUANTITY

(22C) FEE DUE FOR (PTC) IN BLOCK 20C

KNKJ386

C

M

D

1

\$ 280.00

(23C) FCC CODE 1

(24C) FCC CODE 2

(19D) FCC CALL SIGN/OTHER ID

(20D) PAYMENT TYPE CODE (PTC)

(21D) QUANTITY

(22D) FEE DUE FOR (PTC) IN BLOCK 20D

C

A

D

4

\$ 180.00

(23D) FCC CODE 1

(24D) FCC CODE 2

SECTION DD - TAXPAYER INFORMATION

(25) COMPLETE THIS BLOCK ONLY IF SECTION BB IS APPLICABLE

APPLICANT TIN**0****2****2****3****2****5****3****0****0****6**

reset form

FCC FORM 159-C JULY 1997(REVISED)

FEDERAL COMMUNICATIONS COMMISSION

APPROVED BY OMB 3000-0000

REMITTANCE ADVICE (Continuation Sheet)

PAGE NO. 4 OF 11

SECTION BB - ADDITIONAL APPLICANT INFORMATION

(1) APPLICANT NAME (If paying by credit card, enter name exactly as it appears on your card)

(2) STREET ADDRESS LINE NO. 1

(3) STREET ADDRESS LINE NO. 2

(4) CITY

(15) STATE

(16) ZIP CODE

(17) DAYTIME TELEPHONE NUMBER (include area code)

(18) COUNTRY CODE (if not in U.S.A.)

SECTION CC - PAYMENT INFORMATION

(19A) FCC CALL SIGN/OTHER ID	(20A) PAYMENT TYPE CODE (PTC)	(21A) QUANTITY	(22A) FEE DUE FOR (PTC) IN BLOCK 20A
KDS451	C M D	1	\$ 280.00

(23A) FCC CODE 1	(24A) FCC CODE 2

(19B) FCC CALL SIGN/OTHER ID	(20B) PAYMENT TYPE CODE (PTC)	(21B) QUANTITY	(22B) FEE DUE FOR (PTC) IN BLOCK 20B
	C A D	37	\$ 1,665.00

(23B) FCC CODE 1	(24B) FCC CODE 2

(19C) FCC CALL SIGN/OTHER ID	(20C) PAYMENT TYPE CODE (PTC)	(21C) QUANTITY	(22C) FEE DUE FOR (PTC) IN BLOCK 20C
KDS397	C M D	1	\$ 280.00

(23C) FCC CODE 1	(24C) FCC CODE 2

(19D) FCC CALL SIGN/OTHER ID	(20D) PAYMENT TYPE CODE (PTC)	(21D) QUANTITY	(22D) FEE DUE FOR (PTC) IN BLOCK 20D
	C A D	115	\$ 5,175.00

(23D) FCC CODE 1	(24D) FCC CODE 2

SECTION DD - TAXPAYER INFORMATION

(25) COMPLETE THIS BLOCK ONLY IF SECTION BB IS APPLICABLE

APPLICANT TIN

0 2 2 3 2 5 3 0 0 6

reset form

FCC FORM 159-C JULY 1997 (REVISED)

FEDERAL COMMUNICATIONS COMMISSION

APPROVED BY CMA 3005-0585

REMITTANCE ADVICE (Continuation Sheet)

PAGE NO. 5 OF 11

SECTION BB - ADDITIONAL APPLICANT INFORMATION

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

(12) STREET ADDRESS LINE NO. 1

(13) STREET ADDRESS LINE NO. 2

(14) CITY

(15) STATE

(16) ZIP CODE

(17) DAYTIME TELEPHONE NUMBER (include area code)

(18) COUNTRY CODE (if not in U.S.A.)

SECTION CC - PAYMENT INFORMATION

(19A) FCC CALL SIGN/OTHER ID

(20A) PAYMENT TYPE CODE (PTC)

(21A) QUANTITY

(22A) FEE DUE FOR (PTC) IN BLOCK 20A

KNKO580

C

M

D

1

\$ 280.00

(23A) FCC CODE 1

(24A) FCC CODE 2

(19B) FCC CALL SIGN/OTHER ID

(20B) PAYMENT TYPE CODE (PTC)

(21B) QUANTITY

(22B) FEE DUE FOR (PTC) IN BLOCK 20B

C

A

D

2

\$ 90.00

(23B) FCC CODE 1

(24B) FCC CODE 2

(19C) FCC CALL SIGN/OTHER ID

(20C) PAYMENT TYPE CODE (PTC)

(21C) QUANTITY

(22C) FEE DUE FOR (PTC) IN BLOCK 20C

KAA209

C

M

D

1

\$ 280.00

(23C) FCC CODE 1

(24C) FCC CODE 2

(19D) FCC CALL SIGN/OTHER ID

(20D) PAYMENT TYPE CODE (PTC)

(21D) QUANTITY

(22D) FEE DUE FOR (PTC) IN BLOCK 20D

C

A

D

258

\$ 11,610.00

(23D) FCC CODE 1

(24D) FCC CODE 2

SECTION DD - TAXPAYER INFORMATION

(25) COMPLETE THIS BLOCK ONLY IF SECTION BB IS APPLICABLE

APPLICANT TIN

0

2

2

3

2

5

3

0

0

6

reset form

FCC FORM 159-C JULY 1997 (REVISED)

FEDERAL COMMUNICATIONS COMMISSION

APPROVED BY OMB 3060-0048

REMITTANCE ADVICE (Continuation Sheet)

PAGE NO. 6 OF 11

SECTION BB - ADDITIONAL APPLICANT INFORMATION

(1) APPLICANT NAME (If paying by credit card, enter name exactly as it appears on your card)

(2) STREET ADDRESS LINE NO. 1

(3) STREET ADDRESS LINE NO. 2

(14) CITY

(15) STATE

(16) ZIP CODE

(17) DAYTIME TELEPHONE NUMBER (Include area code)

(18) COUNTRY CODE (If not in U.S.A.)

SECTION CC - PAYMENT INFORMATION

(19A) FCC CALL SIGN/OTHER ID

(20A) PAYMENT TYPE CODE (PTC)

(21A) QUANTITY

(22A) FEE DUE FOR (PTC) IN BLOCK 20A

KAQ628

C

M

D

1

\$ 280.00

(23A) FCC CODE 1

(24A) FCC CODE 2

(19B) FCC CALL SIGN/OTHER ID

(20B) PAYMENT TYPE CODE (PTC)

(21B) QUANTITY

(22B) FEE DUE FOR (PTC) IN BLOCK 20B

C

A

D

38

\$ 1,710.00

(23B) FCC CODE 1

(24B) FCC CODE 2

(19C) FCC CALL SIGN/OTHER ID

(20C) PAYMENT TYPE CODE (PTC)

(21C) QUANTITY

(22C) FEE DUE FOR (PTC) IN BLOCK 20C

KCC483

C

M

D

1

\$ 280.00

(23C) FCC CODE 1

(24C) FCC CODE 2

(19D) FCC CALL SIGN/OTHER ID

(20D) PAYMENT TYPE CODE (PTC)

(21D) QUANTITY

(22D) FEE DUE FOR (PTC) IN BLOCK 20D

C

A

D

128

\$ 5,760.00

(23D) FCC CODE 1

(24D) FCC CODE 2

SECTION DD - TAXPAYER INFORMATION

(25) COMPLETE THIS BLOCK ONLY IF SECTION BB IS APPLICABLE

APPLICANT TIN

0

2

2

3

2

5

3

0

0

6

reset form

FCC FORM 159-C JULY 1997 (REVISED)

FEDERAL COMMUNICATIONS COMMISSION

APPROVED BY OMB 3000-0000

REMITTANCE ADVICE (Continuation Sheet)

PAGE NO. 7 OF 11

SECTION BB - ADDITIONAL APPLICANT INFORMATION

(11) APPLICANT NAME (If paying by credit card, enter name exactly as it appears on your card)

(12) STREET ADDRESS LINE NO. 1

(13) STREET ADDRESS LINE NO. 2

(14) CITY

(15) STATE

(16) ZIP CODE

(17) DAYTIME TELEPHONE NUMBER (Include area code)

(18) COUNTRY CODE (If not in U.S.A.)

SECTION CC - PAYMENT INFORMATION

(19A) FCC CALL SIGN/OTHER ID

(20A) PAYMENT TYPE CODE (PTC)

(21A) QUANTITY

(22A) FEE DUE FOR (PTC) IN BLOCK 20A

KAF250

C

M

D

1

280.00

(23A) FCC CODE 1

(24A) FCC CODE 2

(19B) FCC CALL SIGN/OTHER ID

(20B) PAYMENT TYPE CODE (PTC)

(21B) QUANTITY

(22B) FEE DUE FOR (PTC) IN BLOCK 20B

C

A

D

3

135.00

(23B) FCC CODE 1

(24B) FCC CODE 2

(19C) FCC CALL SIGN/OTHER ID

(20C) PAYMENT TYPE CODE (PTC)

(21C) QUANTITY

(22C) FEE DUE FOR (PTC) IN BLOCK 20C

KNKV214

C

M

D

1

280.00

(23C) FCC CODE 1

(24C) FCC CODE 2

(19D) FCC CALL SIGN/OTHER ID

(20D) PAYMENT TYPE CODE (PTC)

(21D) QUANTITY

(22D) FEE DUE FOR (PTC) IN BLOCK 20D

C

A

D

4

180.00

(23D) FCC CODE 1

(24D) FCC CODE 2

SECTION DD - TAXPAYER INFORMATION

(25) COMPLETE THIS BLOCK ONLY IF SECTION BB IS APPLICABLE

APPLICANT TIN

0 2 2 3 2 5 3 0 0 6

reset form

FCC FORM 159-C JULY 1997(REVISED)

FEDERAL COMMUNICATIONS COMMISSION

APPROVED BY OMB 5060-0060

REMITTANCE ADVICE (Continuation Sheet)

PAGE NO. 8 OF 11

SECTION BB - ADDITIONAL APPLICANT INFORMATION

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

(12) STREET ADDRESS LINE NO. 1

(13) STREET ADDRESS LINE NO. 2

(14) CITY

(15) STATE

(16) ZIP CODE

(17) DAYTIME TELEPHONE NUMBER (include area code)

(18) COUNTRY CODE (if not in U.S.A.)

SECTION CC - PAYMENT INFORMATION

(19A) FCC CALL SIGN/OTHER ID KNKV207	(20A) PAYMENT TYPE CODE (PTC) C M D	(21A) QUANTITY 1	(22A) FEE DUE FOR (PTC) IN BLOCK 20A \$ 280.00
(23A) FCC CODE 1		(24A) FCC CODE 2	
(19B) FCC CALL SIGN/OTHER ID WFY861	(20B) PAYMENT TYPE CODE (PTC) C C P M	(21B) QUANTITY 1	(22B) FEE DUE FOR (PTC) IN BLOCK 20B \$ 70.00
(23B) FCC CODE 1		(24B) FCC CODE 2	
(19C) FCC CALL SIGN/OTHER ID	(20C) PAYMENT TYPE CODE (PTC) C A P M	(21C) QUANTITY 14	(22C) FEE DUE FOR (PTC) IN BLOCK 20C \$ 630.00
(23C) FCC CODE 1		(24C) FCC CODE 2	
(19D) FCC CALL SIGN/OTHER ID WFY948	(20D) PAYMENT TYPE CODE (PTC) C C P M	(21D) QUANTITY 1	(22D) FEE DUE FOR (PTC) IN BLOCK 20D \$ 70.00
(23D) FCC CODE 1		(24D) FCC CODE 2	

SECTION DD - TAXPAYER INFORMATION

(25) COMPLETE THIS BLOCK ONLY IF SECTION BB IS APPLICABLE

APPLICANT TIN

0 2 2 3 2 5 3 0 0 6

reset form

FCC FORM 159-C JULY 1997 (REVISED)

FEDERAL COMMUNICATIONS COMMISSION

APPROVED BY OMB 3000-0649

REMITTANCE ADVICE (Continuation Sheet)

PAGE NO. 9 OF 11

SECTION BB - ADDITIONAL APPLICANT INFORMATION

(1) APPLICANT NAME (If paying by credit card, enter name exactly as it appears on your card)

(2) STREET ADDRESS LINE NO. 1

(3) STREET ADDRESS LINE NO. 2

(14) CITY

(15) STATE

(16) ZIP CODE

(17) DAYTIME TELEPHONE NUMBER (Include area code)

(18) COUNTRY CODE (If not in U.S.A.)

SECTION CC - PAYMENT INFORMATION

(19A) FCC CALL SIGN/OTHER ID	(20A) PAYMENT TYPE CODE (PTC)	(21A) QUANTITY	(22A) FEE DUE FOR (PTC) IN BLOCK 20A
	C A P M	55	\$ 2,475.00
(23A) FCC CODE 1	(24A) FCC CODE 2		
(19B) FCC CALL SIGN/OTHER ID	(20B) PAYMENT TYPE CODE (PTC)	(21B) QUANTITY	(22B) FEE DUE FOR (PTC) IN BLOCK 20B
WDU308	C C P M	1	\$ 70.00
(23B) FCC CODE 1	(24B) FCC CODE 2		
(19C) FCC CALL SIGN/OTHER ID	(20C) PAYMENT TYPE CODE (PTC)	(21C) QUANTITY	(22C) FEE DUE FOR (PTC) IN BLOCK 20C
	C A P M	9	\$ 405.00
(23C) FCC CODE 1	(24C) FCC CODE 2		
(19D) FCC CALL SIGN/OTHER ID	(20D) PAYMENT TYPE CODE (PTC)	(21D) QUANTITY	(22D) FEE DUE FOR (PTC) IN BLOCK 20D
WLL898	C C P M	1	\$ 70.00
(23D) FCC CODE 1	(24D) FCC CODE 2		

SECTION DD - TAXPAYER INFORMATION

(25) COMPLETE THIS BLOCK ONLY IF SECTION BB IS APPLICABLE

APPLICANT TIN

0 2 2 3 2 5 3 0 0 6

reset form

FCC FORM 159-C JULY 1997 (REVISED)

FEDERAL COMMUNICATIONS COMMISSION

APPROVED BY OMB 3040-0180

REMITTANCE ADVICE (Continuation Sheet)

PAGE NO. 10 OF 11

SECTION BB - ADDITIONAL APPLICANT INFORMATION

(11) APPLICANT NAME (If paying by credit card, enter name exactly as it appears on your card)

(12) STREET ADDRESS LINE NO. 1

(13) STREET ADDRESS LINE NO. 2

(14) CITY

(15) STATE

(16) ZIP CODE

(17) DAYTIME TELEPHONE NUMBER (Include area code)

(18) COUNTRY CODE (If not in U.S.A.)

SECTION CC - PAYMENT INFORMATION

(19A) FCC CALL SIGN/OTHER ID	(20A) PAYMENT TYPE CODE (PTC)	(21A) QUANTITY	(22A) FEE DUE FOR (PTC) IN BLOCK 20A
	C A P M	3	\$ 135.00
(23A) FCC CODE 1		(24A) FCC CODE 2	
(19B) FCC CALL SIGN/OTHER ID	(20B) PAYMENT TYPE CODE (PTC)	(21B) QUANTITY	(22B) FEE DUE FOR (PTC) IN BLOCK 20B
KNNF432	P A T M	96	\$ 4,320.00
(23B) FCC CODE 1		(24B) FCC CODE 2	
(19C) FCC CALL SIGN/OTHER ID	(20C) PAYMENT TYPE CODE (PTC)	(21C) QUANTITY	(22C) FEE DUE FOR (PTC) IN BLOCK 20C
KNNF600	P A T M	1136	\$ 51,120.00
(23C) FCC CODE 1		(24C) FCC CODE 2	
(19D) FCC CALL SIGN/OTHER ID	(20D) PAYMENT TYPE CODE (PTC)	(21D) QUANTITY	(22D) FEE DUE FOR (PTC) IN BLOCK 20D
KL7419	P A T M	12	\$ 540.00
(23D) FCC CODE 1		(24D) FCC CODE 2	

SECTION DD - TAXPAYER INFORMATION

(25) COMPLETE THIS BLOCK ONLY IF SECTION BB IS APPLICABLE

APPLICANT TIN

0 2 2 3 2 5 3 0 0 6

reset form

FCC FORM 159-C JULY 1997 (REVISED)

FEDERAL COMMUNICATIONS COMMISSION

APPROVED BY OMB 3080-0639

REMITTANCE ADVICE (Continuation Sheet)

PAGE NO. 11 OF 11

SECTION BB - ADDITIONAL APPLICANT INFORMATION

(1) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

(2) STREET ADDRESS LINE NO. 1

(3) STREET ADDRESS LINE NO. 2

(14) CITY

(15) STATE

(16) ZIP CODE

(17) DAYTIME TELEPHONE NUMBER (include area code)

(18) COUNTRY CODE (if not in U.S.A.)

SECTION CC - PAYMENT INFORMATION

(19A) FCC CALL SIGN/OTHER ID

(20A) PAYMENT TYPE CODE (PTC)

(21A) QUANTITY

(22A) FEE DUE FOR (PTC) IN BLOCK 20A

WNIR387

P

A

T

M

5

225.00

\$

(23A) FCC CODE 1

(24A) FCC CODE 2

(19B) FCC CALL SIGN/OTHER ID

(20B) PAYMENT TYPE CODE (PTC)

(21B) QUANTITY

(22B) FEE DUE FOR (PTC) IN BLOCK 20B

WNRH787

P

A

T

M

1

45.00

\$

(23B) FCC CODE 1

(24B) FCC CODE 2

(19C) FCC CALL SIGN/OTHER ID

(20C) PAYMENT TYPE CODE (PTC)

(21C) QUANTITY

(22C) FEE DUE FOR (PTC) IN BLOCK 20C

WNYA560

P

A

T

M

3

135.00

\$

(23C) FCC CODE 1

(24C) FCC CODE 2

(19D) FCC CALL SIGN/OTHER ID

(20D) PAYMENT TYPE CODE (PTC)

(21D) QUANTITY

(22D) FEE DUE FOR (PTC) IN BLOCK 20D

WNCY941

P

A

T

M

27

1,215.00

\$

(23D) FCC CODE 1

(24D) FCC CODE 2

SECTION DD - TAXPAYER INFORMATION

(25) COMPLETE THIS BLOCK ONLY IF SECTION BB IS APPLICABLE

APPLICANT TIN

0

2

2

3

2

5

3

0

0

6

reset form

FCC FORM 159-C JULY 1997 (REVISED)

FCC 312
Main Form

FEDERAL COMMUNICATIONS COMMISSION

APPLICATION FOR SATELLITE SPACE AND EARTH STATION AUTHORIZATIONS

Approved by OMB
3060-0678

Est. Avg. Burden Hours
Per Response: 10 Hrs

FCC Use Only:

File Number:

Call Sign:

PAYOR AND FILING FEE INFORMATION

a. Payor Name MobileMedia Communications, Inc., Debtor-in-Possession			b. Daytime Telephone Number (201) 969-4692		
c. Mailing Street Address or P.O. Box One Executive Drive, Suite 500			d. FCC Account Number 0223379712		
e. City Fort Lee		f. State NJ	g. Zip Code 07024		h. Country Code (if not U.S.A.)
i. Payment Type Code See associated	j. Quantity FCC Form 159	k. Fee Due for Payment Type Code in (i)	l. Total Amount Paid	FCC Use Only	

APPLICANT INFORMATION

1. Legal Name of Applicant MobileMedia License Co. L.L.C.			2. Voice Telephone Number (201) 969-4692		
3. Other Name Used for Doing Business (if any)			4. Fax Telephone Number (201) 969-4526		
5. Mailing Street Address or P.O. Box One Executive Drive, Suite 500 ATTENTION: Patricia A. Gray, Esq.			6. City Fort Lee		
			7. State / Country (if not U.S.A.) NJ		8. Zip Code 07024
9. Name of Contact Representative (If other than applicant) Nancy J. Victory, Esq.			10. Voice Telephone Number (202) 429-7388		
11. Firm or Company Name Wiley, Rein & Fielding			12. Fax Telephone Number (202) 429-7207		
13. Mailing Street Address or P.O. Box 1776 K Street, N.W. ATTENTION: Nancy J. Victory, Esq.			14. City Washington		
			15. State / Country (if not U.S.A.) D.C.		16. Zip Code 20006

CLASSIFICATION OF FILING

17. Place an "X" in the box next to the classification that applies to this filing for both questions a. and b. Mark only one box for 17a and only one box for 17b.					
<input checked="" type="checkbox"/> a1. Earth Station	<input type="checkbox"/> b1. Application for License of New Station	<input type="checkbox"/> b4. Modification of License or Registration			
<input type="checkbox"/> a2. Space Station	<input type="checkbox"/> b2. Application for Registration of New Domestic Receive-Only Station	<input type="checkbox"/> b5. Assignment of License or Registration	<input type="checkbox"/> b7. Notification of Minor Modification		
	<input type="checkbox"/> b3. Amendment to a Pending Application	<input checked="" type="checkbox"/> b6. Transfer of Control of License or Registration	<input type="checkbox"/> b8. Other (Please Specify):		
18. If this filing is in reference to an existing station, enter: Call sign of station: See Exhibit 1			19. If this filing is an amendment to a pending application enter: (a) Date pending application was filed: (b) File number of pending application:		

TYPE OF SERVICE

20. NATURE OF SERVICE: This filing is for an authorization to provide or use the following type(s) of service(s): Place an "X" in the box(es) next to all that apply.

- ☒ a. Fixed Satellite ☐ b. Mobile Satellite ☐ c. Radiodetermination Satellite ☐ d. Earth Exploration Satellite ☐ e. Other (please specify) _____

21. STATUS: Place an "X" in the box next to the applicable status. Mark only one box.

- ☒ a. Common Carrier ☐ b. Non-Common Carrier

22. If earth station applicant, place an "X" in the box(es) next to all that apply.

- ☒ a. Using U.S. licensed satellites ☐ b. Using Non-U.S. licensed satellites

23. If applicant is providing INTERNATIONAL COMMON CARRIER service, see instructions regarding Sec. 214 filings. Mark only one box. Are these facilities:

- ☐ a. Connected to the Public Switched Network ☐ b. Not connected to the Public Switched Network

N/A

24. FREQUENCY BAND(S): Place an "X" in the box(es) next to all applicable frequency band(s).

- ☐ a. C-Band (4/6 GHz)
☒ b. Ku-Band (12/14 GHz) ☐ c. Other (Please specify) _____

TYPE OF STATION

25. CLASS OF STATION: Place an "X" in the box next to the class of station that applies. Mark only one box.

- ☒ a. Fixed Earth Station ☐ b. Temporary-Fixed Earth Station ☐ c. 12/14 GHz VSAT Network ☐ d. Mobile Earth Station ☐ e. Space Station ☐ f. Other (Specify) _____

If space station applicant, go to Question 27.

26. TYPE OF EARTH STATION FACILITY Mark only one box.

- ☒ a. Transmit/Receive ☐ b. Transmit-Only ☐ c. Receive-Only

PURPOSE OF MODIFICATION OR AMENDMENT

27. The purpose of this proposed modification or amendment is to: Place an "X" in the box(es) next to all that apply.

- ☐ a -- authorization to add new emission designator and related service
☐ b -- authorization to change emission designator and related service
☐ c -- authorization to increase EIRP and EIRP density
☐ d -- authorization to replace antenna
☐ e -- authorization to add antenna
☐ f -- authorization to relocate fixed station
☐ g -- authorization to change assigned frequency(ies)
☐ h -- authorization to add Points of Communication (satellites & countries)
☐ i -- authorization to change Points of Communication (satellites & countries)
☐ j -- authorization for facilities for which environmental assessment and radiation hazard reporting is required
☐ k -- Other (Please Specify) _____

ENVIRONMENTAL POLICY

28. Would a Commission grant of any proposal in this application or amendment have a significant environmental impact as defined by 47 CFR 1.1307? If YES, submit the statement as required by Sections 1.1308 and 1.1311 of the Commission's rules, 47 C.F.R. §§ 1.1308 and 1.1311, as Exhibit A to this application.

☐ YES

☒ NO

A Radiation Hazard Study must accompany all applications as Exhibit B for new transmitting facilities, major modifications, or major amendments. Refer to OET Bulletin 65.

ALIEN OWNERSHIP

29. Is the applicant a foreign government or the representative of any foreign government?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
30. Is the applicant an alien or the representative of an alien?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
31. Is the applicant a corporation organized under the laws of any foreign government?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
32. Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
33. Is the applicant a corporation directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
34. If any answer to questions 29, 30, 31, 32 and/or 33 is Yes, attach as Exhibit C an identification of the aliens or foreign entities, their nationality, their relationship to the applicant, and the percentage of stock they own or vote.		

BASIC QUALIFICATIONS

35. Does the applicant request any waivers or exemptions from any of the Commission's Rules? If Yes, attach as Exhibit D, copies of the requests for waivers or exceptions with supporting documents.	See Section II.F.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
36. Has the applicant or any party to this application had any FCC station authorization or license revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? If Yes, attach as Exhibit E, an explanation of the circumstances.	See Section II.B.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
37. Has the applicant, or any party to this application, or any party directly or indirectly controlling the applicant ever been convicted of a felony by any state or federal court?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
38. Has any court finally adjudged the applicant, or any person directly or indirectly controlling the applicant, guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement or any other means or unfair methods of competition?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
39. Is the applicant, or any person directly or indirectly controlling the applicant, currently a party in any pending matter referred to in the preceeding two items?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
40. By checking Yes, the undersigned certifies, that neither the applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the meaning of "party to the application" for these purposes.		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

41. Description. (Summarize the nature of the application and the services to be provided).

See Section II.C.

CERTIFICATION

The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application. The applicant certifies that grant of this application would not cause the applicant to be in violation of the spectrum aggregation limit in 47 CFR Part 20. All statements made in exhibits are a material part hereof and are incorporated herein as if set out in full in this application. The undersigned, individually and for the applicant, hereby certifies that all statements made in this application and in all attached exhibits are true, complete and correct to the best of his or her knowledge and belief, and are made in good faith.

42. Applicant is a (an): (Place an "X" in the box next to applicable response.)

☐ a. Individual ☐ b. Unincorporated Association ☐ c. Partnership ☒ d. Corporation ☐ e. Governmental Entity ☐ f. Other
(Please specify) _____

43. Typed Name of Person Signing

Joseph A. Bondi

44. Title of Person Signing

Chairman - Restructuring

45. Signature



46. Date

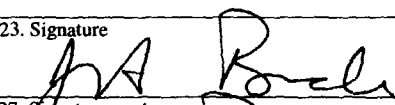
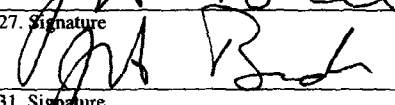

September 1, 1998

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).

FEDERAL COMMUNICATIONS COMMISSION FCC 312 - Schedule A (Place an "X" in one of the blocks below)					FCC Use Only	
<input checked="" type="checkbox"/> CONSENT TO TRANSFER OF CONTROL <input type="checkbox"/> CONSENT TO ASSIGNMENT OF LICENSE						
<input type="checkbox"/> NOTIFICATION OF TRANSFER OF CONTROL OF RECEIVE ONLY REGISTRATION <input type="checkbox"/> NOTIFICATION OF ASSIGNMENT OF RECEIVE ONLY REGISTRATION						
A1. Name of Licensee or Registrant MobileMedia Paging, Inc., Debtor-in-Possession				A2. Voice Telephone Number (703) 312-5151		
A3. Mailing Street Address or P.O. Box 2101 Wilson Boulevard, Suite 935 ATTENTION:				A4. Fax Telephone Number (703) 312-5155		
A5. City Arlington			A6. State / Country (if not U.S.A.) VA		A7. Zip Code 22201	
A8. List Call Sign(s) of station(s) being assigned or transferred <div style="text-align: center; padding: 10px;">See Exhibit 1</div>					A9. No. of station(s) listed <div style="text-align: center; padding: 10px;">4</div>	
A10. Name of Transferor/Assignor (if different than licensee or registrant) MobileMedia Corporation, Debtor-in-Possession			A15. Name of Transferee/Assignee New Shareholders of Arch Communications Group, Inc.			
A11. Mailing Street Address or P.O. Box One Executive Drive, Suite 500			A16. Mailing Street Address or P.O. Box 1800 West Park Drive, Suite 250			
A12. City Fort Lee	A13. State/Country NJ	A14. Zip Code 07024	A17. City Westborough	A18. State/Country MA	A19. Zip Code 01581	
A20. If these facilities are licensed, is the transferee/assignee directly or indirectly controlled by any other entity? If Yes, attach as Exhibit F, a statement (including organizational diagrams where appropriate) which fully and completely identifies the nature and extent of control including: (1) the name, address, citizenship, and primary business of the controlling entity and any intermediate subsidiaries or parties; and (2) the names, addresses, citizenship, and the percentages of voting and equity stock of those stockholders holding 10 percent or more of the controlling corporation's voting stock.					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <div style="text-align: center; padding: 5px;">See Section VII.D.</div>	
A21. If these facilities are licensed, attach as Exhibit G, a complete statement setting forth the facts which show how the assignment or transfer will serve the public interest. *						

CERTIFICATION

*See Section IV.

1. The undersigned, individually and for licensee, certifies that all attached exhibits pertinent to Schedule A and all statements made in Schedule A of this application are true, complete and correct to the best of his/her knowledge and belief. The undersigned also certifies that any contracts or other instruments submitted herewith are complete and constitute the full agreement.			
2. The undersigned represents that stock will not be delivered and that control will not be transferred until the Commission's consent has been received, but that transfer of control or assignment of license will be completed within 60 days of Commission consent. The undersigned also acknowledges that the Commission must be notified by letter within 30 days of consummation.			
A22. Printed Name of Licensee (Must agree with A1) MobileMedia Paging, Inc., Debtor-in-Possession	A23. Signature 	A24. Title (Office Held by Person Signing) Chairman - Restructuring	A25. Date 9/1/98
A26. Printed Name of License Transferor/Assignor (If different than licensee. Must agree with A10) MobileMedia Corporation, Debtor-in-Possession	A27. Signature 	A28. Title (Office Held by Person Signing) Chairman - Restructuring	A29. Date 9/1/98
A30. Printed Name of License Transferee/Assignee (Must agree with A15) New Shareholders of Arch Communications Group, Inc.	A31. Signature 	A32. Title (Office Held by Person Signing) Executive Vice President, Technology and Regulatory Affairs	A33. Date

FEDERAL COMMUNICATIONS COMMISSION

FCC 312 - Schedule A

(Place an "X" in one of the blocks below)

☒ CONSENT TO TRANSFER OF CONTROL

☐ CONSENT TO ASSIGNMENT OF LICENSE

☐ NOTIFICATION OF TRANSFER OF CONTROL
OF RECEIVE ONLY REGISTRATION

☐ NOTIFICATION OF ASSIGNMENT
OF RECEIVE ONLY REGISTRATION

FCC Use Only

1. Name of Licensee or Registrant

A2. Voice Telephone Number

3. Mailing Street Address or P.O. Box

A4. Fax Telephone Number

ATTENTION:

A5. City

A6. State / Country (if not U.S.A.)

A7. Zip Code

A8. List Call Sign(s) of station(s) being assigned or transferred

A9. No. of station(s)
listed

A10. Name of Transferor/Assignor (if different than licensee or registrant)

A15. Name of Transferee/Assignee

New Shareholders of Arch Communications Group, Inc.

A11. Mailing Street Address or P.O. Box

A16. Mailing Street Address or P.O. Box

1800 West Park Drive, Suite 250

A12. City

A13. State/Country

A14. Zip Code

A17. City

A18. State/Country

A19. Zip Code

Westborough

MA

01581

A20. If these facilities are licensed, is the transferee/assignee directly or indirectly controlled by any other entity?

☒ YES

☐ NO

If Yes, attach as Exhibit F, a statement (including organizational diagrams where appropriate) which fully and completely identifies the nature and extent of control including: (1) the name, address, citizenship, and primary business of the controlling entity and any intermediate subsidiaries or parties; and (2) the names, addresses, citizenship, and the percentages of voting and equity stock of those stockholders holding 10 percent or more of the controlling corporation's voting stock.

See Section VII.D

A21. If these facilities are licensed, attach as Exhibit G, a complete statement setting forth the facts which show how the assignment or transfer will serve the public interest. *

CERTIFICATION

* See Section IV

1. The undersigned, individually and for licensee, certifies that all attached exhibits pertinent to Schedule A and all statements made in Schedule A of this application are true, complete and correct to the best of his/her knowledge and belief. The undersigned also certifies that any contracts or other instruments submitted herewith are complete and constitute the full agreement.

2. The undersigned represents that stock will not be delivered and that control will not be transferred until the Commission's consent has been received, but that transfer of control or assignment of license will be completed within 60 days of Commission consent. The undersigned also acknowledges that the Commission must be notified by letter within 30 days of consummation.

A22. Printed Name of Licensee (Must agree with A1)

A23. Signature

A24. Title (Office Held by Person Signing)

A25. Date

A26. Printed Name of License Transferor/Assignor
(If different than licensee. Must agree with A10)

A27. Signature

A28. Title (Office Held by Person Signing)

A29. Date

A30. Printed Name of License Transferee/Assignee
(Must agree with A15)
New Shareholders of
Arch Communications Group, Inc.

A31. Signature

A32. Title (Office Held by Person Signing)
Executive Vice President,
Technology and Regulatory Affairs

A33. Date

AUG 26 1998

AUTHORIZATIONS TO BE TRANSFERED

MobileMedia Paging, Inc., Debtor-In-Possession, currently holds the authorizations, or has pending applications, for the call signs listed below in the Domestic Satellite Earth Station Service (DSE). As part of the proposed transaction, these license interests will be reorganized into a new affiliate, MobileMedia License Co. L.L.C.. Accordingly, after closing, MobileMedia License Co. L.L.C. will be the new licensee of these call signs. See Section II.C.

E930331**E940174****E960014****E960377**

In preparation of this filing, Applicant has carefully reviewed its license database and other available records. In addition, Applicant has made every effort to consult and review the Commission's publicly available records. As a result, the information contained in this application, including this schedule of licenses, has been deemed to be true and correct to the best of Applicant's knowledge, information and belief. Nevertheless, it is possible that errors in the Applicant's or Commission's records or simple clerical mistakes may have resulted in some unintended inaccuracies in the instant application. Applicant will amend or supplement this application upon the discovery of any such errors or upon the discovery of new information. By this filing, however, Applicant intends to transfer all of its FCC licenses and pending applications.

APPLICATION FOR CONSENT TO TRANSFER OF CONTROL

(Under 47 CFR 21, 23, 25 and 101) Read instructions before completing.

PART I - To be completed by Permittee or Licensee

1(a) Name of Corporate Permittee or Licensee

MobileComm of the West, Inc., Debtor-in-Possession

(See Exhibit 1 and Section II.C.)

Mailing Street Address or P. O. Box, City, State and ZIP Code

2101 Wilson Boulevard, Suite 935, Arlington, VA 22201

Call Sign or Other FCC Identifier

Internet Address

(b) Fee Data. Refer to 47 CFR Section 1.1105, the Common Carrier or Wireless Telecommunications Bureau Fee Filing Guides.

Line No.	(1) Fee Type Code	(2) Fee Multiple	(3) Fee Due for Fee Type Code in (b)(1)
1	See associated	FCC Form 159	\$
2			\$

FCC USE ONLY

Add all amounts in Column (3), lines 1 and 2.

Remit this amount with your application. >>> \$

2. Permits or Licenses held by Corporation for which a Transfer of Control is sought in this application. (See instructions.)

(a) Call Sign (b) File Number (c) Service (d) No. of Stations

See Exhibit 1

3. Name and Street Address or P. O. Box, City, State and ZIP Code of Transferor

ATTN: Patricia A. Gray, Esq.
MobileMedia Corporation, Debtor-in-Possession
One Executive Drive, Suite 500
Fort Lee, NJ 07024

4. Name and Street Address or P. O. Box, City, State and ZIP Code of Transferee

New Shareholders of Arch Communications Group, Inc.
1800 West Park Drive, Suite 250
Westborough, MA 01581


5. Permittee or Licensee represents: (check one)

☐ That there is attached to this application as Exhibit No. _____ a certified copy of the Articles of Incorporation (charter) of the permittee or licensee company.

☒ That there is now on file with the Commission a current certified copy of the Articles of Incorporation of the permittee or licensee company. Indicate where filed: **FCC** Date filed: **9/20/95**

CERTIFICATION: The undersigned, individually and for the permittee or licensee, represents that all the attached exhibits pertinent to Part I are a material part hereof and are incorporated herein as if set out in full in this application; and certifies that all the statements made in Part I of this application are true, complete and correct to the best of his (her) knowledge and belief.

Willful false statements made on this application are punishable by fine and/or imprisonment (U.S. Code, Title 18, Section 1001), and/or revocation of any station license or construction permit (U.S. Code, Title 47, Section 312(a)(1)), and or forfeiture (U.S. Code, Title 47, Section 503).

Printed/Typed Name of Permittee or Licensee (Must agree with Item 1)	Signature	Title (Office Held by Person Signing)	Date
MobileComm of the West, Inc., Debtor-in-Possession		Chairman - Restructuring	9/1/98

PART II - To be completed by Transferor

6(a) Transfer of Control will be accomplished by: (check one)

☐ Sale or other transfer or assignment of stock (Complete Item 6(b)).

☒ Other (e.g., voting trust agreement, management contract, Court Order, etc.)

See Section II.C.

(b) Shares	No. of Shares	Classification (common, preferred, etc.)
Shares to be transferred		
Shares issued and outstanding		
Shares authorized		

7. Attach as Exhibit No. * a statement on how control is to be transferred, and copies of any pertinent contracts, agreements, instruments, certified copies of Court Orders, etc. *See Sections II.C. and VII.A

CERTIFICATION: The undersigned represents that stock will not be delivered and that control will not be transferred until the Commission's consent has been received, but that transfer must be completed within 45 days if Commission consents; that all attached exhibits pertinent to Part II of this application are true, complete and correct to the best of his (her) knowledge and belief.

Willful false statements made on this application are punishable by fine and/or imprisonment (U.S. Code, Title 18, Section 1001), and/or revocation of any station license or construction permit (U.S. Code, Title 47, Section 312(a)(1)), and or forfeiture (U.S. Code, Title 47, Section 503).

Printed/Typed Name of Transferor Licensee (Must agree with Item 3)	Signature	Title (Office Held by Person Signing)	Date
MobileMedia Corporation, Debtor-in-Possession		Chairman - Restructuring	

FCC 704
FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554

Approved by OMB
3060-0048
Est. Burden: 8 Hours

FCC USE ONLY

APPLICATION FOR CONSENT TO TRANSFER OF CONTROL

(Under 47 CFR 21, 23, 25 and 101) Read instructions before completing.

PART I - To be completed by Permittee or Licensee

1(a) Name of Corporate Permittee or Licensee
MobileComm of the West, Inc., Debtor-in-Possession (See Exhibit 1 and Section II.C.)
Mailing Street Address or P. O. Box, City, State and ZIP Code
2101 Wilson Boulevard, Suite 935, Arlington, VA 22201
Call Sign or Other FCC Identifier

Internet Address

(b) Fee Data. Refer to 47 CFR Section 1.1105, the Common Carrier or Wireless Telecommunications Bureau Fee Filing Guides.

Line No.	(1) Fee Type Code	(2) Fee Multiple	(3) Fee Due for Fee Type Code in (b)(1)	FCC USE ONLY
1	See associated	FCC Form 159	\$	
2			\$	
Add all amounts in Column (3), lines 1 and 2. Remit this amount with your application. >>> \$				

2. Permits or Licenses held by Corporation for which a Transfer of Control is sought in this application. (See instructions.)

(a) Call Sign (b) File Number (c) Service (d) No. of Stations

See Exhibit 1

3. Name and Street Address or P. O. Box, City, State and ZIP Code of Transferor ATTN: Patricia A. Gray, Esq.
MobileMedia Corporation, Debtor-in-Possession
One Executive Drive, Suite 500
Fort Lee, NJ 07024

4. Name and Street Address or P. O. Box, City, State and ZIP Code of Transferee
New Shareholders of Arch Communications Group, Inc.
1800 West Park Drive, Suite 250
Westborough, MA 01581

5. Permittee or Licensee represents: (check one)

- ☐ That there is attached to this application as Exhibit No. _____ a certified copy of the Articles of Incorporation (charter) of the permittee or licensee company.
- ☒ That there is now on file with the Commission a current certified copy of the Articles of Incorporation of the permittee or licensee company. Indicate where filed: **FCC** Date filed: **9/20/95**

CERTIFICATION: The undersigned, individually and for the permittee or licensee, represents that all the attached exhibits pertinent to Part I are a material part hereof and are incorporated herein as if set out in full in this application; and certifies that all the statements made in Part I of this application are true, complete and correct to the best of his (her) knowledge and belief.
Willful false statements made on this application are punishable by fine and/or imprisonment (U.S. Code, Title 18, Section 1001), and/or revocation of any station license or construction permit (U.S. Code, Title 47, Section 312(a)(1)), and or forfeiture (U.S. Code, Title 47, Section 503).

Printed/Typed Name of Permittee or Licensee (Must agree with Item 1) MobileComm of the West, Inc., Debtor-in-Possession	Signature	Title (Office Held by Person Signing) Chairman - Restructuring	Date 9/1/98
-----------------------------------------------------------------------------------------------------------------------------------	-----------	--------------------------------------------------------------------------	-----------------------

PART II - To be completed by Transferor


6(a) Transfer of Control will be accomplished by: (check one)

- ☐ Sale or other transfer or assignment of stock (Complete item 6(b)).
- ☒ Other (e.g., voting trust agreement, management contract, Court Order, etc.)
See Section II.C.

(b) Shares	No. of Shares	Classification (common, preferred, etc.)
Shares to be transferred		
Shares issued and outstanding		
Shares authorized		

7. Attach as Exhibit No. * _____ a statement on how control is to be transferred, and copies of any pertinent contracts, agreements, instruments, certified copies of Court Orders, etc. *See Sections II.C. and VII.A

CERTIFICATION: The undersigned represents that stock will not be delivered and that control will not be transferred until the Commission's consent has been received, but that transfer must be completed within 45 days if Commission consents; that all attached exhibits pertinent to Part II of this application are true, complete and correct to the best of his (her) knowledge and belief.
Willful false statements made on this application are punishable by fine and/or imprisonment (U.S. Code, Title 18, Section 1001), and/or revocation of any station license or construction permit (U.S. Code, Title 47, Section 312(a)(1)), and or forfeiture (U.S. Code, Title 47, Section 503).

Printed/Typed Name of Transferor Licensee (Must agree with Item 3) MobileMedia Corporation, Debtor-in-Possession	Signature 	Title (Office Held by Person Signing) Chairman - Restructuring	Date 9/1/98
----------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------	-----------------------

PART III - To be completed by Transferee

8. Transferee is: (check one)

☐ INDIVIDUAL

☐ PARTNERSHIP

☒ CORPORATION

☐ UNINCORPORATED ASSOCIATION

9. Attach as Exhibit No. ____ a statement of transferee's principal business. *See Section VII.D.

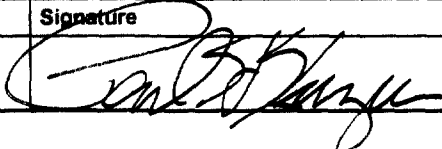
10. Attach as Exhibit No. ____ a statement of the businesses, employment, or activities, other than communications in which individual transferee, each member if a partnership, and all principals if a corporation, are engaged, giving (a) nature of activity, (b) location of activity, and (c) hours devoted to each activity. *See Section VII.D.

Place an "X" in the appropriate column.		YES	NO
11. Is individual transferee, or if partnership each member of partnership, a citizen of the United States?	➤	N/A	
12. Is transferee or any party to this application a representative of an alien or of a foreign government?	➤		X
13. If transferee is a partnership, attach as Exhibit No. ____ one copy, properly certified of the partnership agreement, or if oral, complete details thereof.		N/A	
4. If transferee is a Corporation (including joint stock companies) or Association, answer the following:			
a. Under laws of what State or Country is it organized? Delaware			
(1) Attach as Exhibit No. ____ a certified copy of the Articles of Incorporation (charter) if not heretofore on file with the Commission. *See Section VII.E.			
(2) Attach as Exhibit No. ____ the names, addresses and percentages of stock held by all principals of the corporation and by all stockholders owning and/or voting 10 percent of more of the transferee's stock. *See Section VII.D.			
b. Is any director or officer an alien?	➤		X
c. Is more than one-fifth of the capital stock owned of record, or may it be voted, by aliens or their representatives, or by a foreign government or representatives thereof, or by a corporation organized under the laws of a foreign government?	➤		X
d. Is transferee directly or indirectly controlled by an other corporation? If "YES", give in Exhibit No. ____ the names and addresses of all such controlling corporations to and including organization having final control and furnish for each all the information requested in 14a through c above.	➤		X
e. Is transferee directly or indirectly controlled by any other corporation of which any officer or more than one-fourth of the directors are aliens?	➤		X
f. Is more than one-fourth of the capital stock of any controlling corporation owned of record, or may it be voted by aliens or their representatives, or by a foreign government or representative thereof, or by an corporation organized under the laws of a foreign government?	➤		X
15. Is transferee directly or indirectly interested in or affiliated with any entity or person engaged in the business of providing a public land line message telephone service? If "YES", and transferee is not a land line telephone carrier, attach as Exhibit No. ____ a statement relating the facts.	➤		X
16. If permittee or licensee holds any Multipoint Distribution Service (MDS or MMDS) authorizations, is transferee directly or indirectly interested in or affiliated with, or has leasing arrangements with a cable television company? If "YES", submit as Exhibit No. ____ a description of the relationship and a map showing overlap of boundaries of cable franchise area and MDS station's protected service area, if any.	➤	N/A	
17. Has transferee or any party to this application had any station authorization revoked or had any application for construction permit, license or renewal denied by the Commission? If "YES", attach as Exhibit No. ____ a statement relating all the pertinent circumstances. See Section II.B.	➤		X
18. Has any court finally adjudged the transferee, or any person directly or indirectly controlling the transferee, guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or of unfair methods of competition? If "YES", attach as Exhibit No. ____ a statement relating the facts.	➤		X
19. Has the transferee, or any party to this application, or any person directly or indirectly controlling the transferee ever been convicted of a crime for which the penalty imposed was a fine of \$500 or more, or an imprisonment of six months or more? If "YES", attach as Exhibit No. ____ a statement relating the facts.	➤		X
20. Is transferee, or any person directly or indirectly controlling the transferee, presently a party in any matter referred to in Items 17, 18, or 19? If "YES", attach as Exhibit No. ____ a statement relating the facts.	➤		X
21. Is transferee directly or indirectly, through stock ownership, contract, or otherwise, interested in the ownership or control of any other radio stations licensed by this Commission? If "YES", give (a) call sign and service, (b) location, and (c) name of licensee below.	➤	X	See Section VII.D.
22. Has applicant ever been directly or indirectly interested in the ownership or control of any radio stations other than those stated in Item 21 above? If "YES", give (a) call sign and service, (b) location, and (c) name of licensee below. *Since Transferee entered the business, it has installed and removed numerous stations.	➤	X*	

Place an "X" in the appropriate column.		YES	NO
23. Will transferee propose any of the following changes after the transfer of control is authorized (see instructions):			
a. Changes in the services currently offered? If "YES", attach as Exhibit No. _____ a brief statement of the proposed changes.	➤		X
b. Changes in technical personnel, maintenance or repair of facilities? If "YES", attach as Exhibit No. _____ a description of positions to be changed and specific arrangements for prompt maintenance or repair of facilities.	➤		X
c. Changes in management or personnel responsible for the operation of the station? If "YES", in Exhibit No. _____, describe the manner in which the proposal will operate, and list present positions of responsibility to be changed and proposed positions and division of responsibility, including hours of physical supervision. (When responsibilities are to be divided with any other business, give the name and address of owner of each such business and submit copy of working agreement.)	➤	*See Section II.C	
24. If transferee is a corporation, is stock of transferee to be sold after this consent is issued for any other purpose? If "YES", explain purpose in Exhibit No. _____. *Transferee stock will continue to be publicly traded	➤	X	
25. Does transferee now hold any obligations of licensee corporation? If "YES", in Exhibit No. _____, describe the obligations, methods by which acquired, and the dates on which they were obtained.	➤		X
26. Does local or state law require any authorization to transfer the control of the facilities and/or operations involved herein? If "YES", attach as Exhibit No. _____ a single certified copy of such authorization. <small>Applicant will obtain all necessary state and local approvals</small>	➤		
27. a. Is transferee personally familiar with the provisions of the Commission's Rules governing the services which are the subject of this application?	➤	X	
b. Has transferee examined the subject facilities and determined that construction and operation is in compliance with current authorizations and the Commission's Rules?	➤	X	
28. Attach as Exhibit No. _____ a complete statement, setting forth facts which show how the instant proposal will be in the public interest, and disclosing all relationships, affiliations or connections between the transferee and current or prospective subscribers. The statement should contain the names of any common stockholders, officers, directors, employees or individuals closely related to the management or control of the facilities of the transferee and any subscriber.		*See Section IV	
29. If corporate permittee or licensee holds any authorizations for Part 21 stations, answer (a) and (b) below:			
a. Does authorization involve facilities that have not been constructed? If "YES", does transferee represent that it has, or has reasonable assurance that it will have, the ability to meet the expected cost of constructing any such facilities within the construction period, and the estimated operating expenses for twelve months?	➤		X
b. Were facilities authorized following a comparative hearing and have been operated less than one year; or involve facilities that have not been constructed; or involve facilities that were authorized following a random selection proceeding in which the successful applicant received a preference and that have been operated for less than one year?	➤		X
30. Does transferee represent that the information given in Part III of this application is true and correct, including any contracts or other instruments submitted, and that said information and contracts (if any) constitute the full agreement?	➤	X	
31. Does transferee acknowledge that, if Commission consents, transfer of control must be completed within 45 days of date of consent and Commission must be notified by letter within 10 days of consummation?	➤	X	

CERTIFICATION: Neither the applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. The undersigned represents that all the attached exhibits pertinent to Part III are a material part hereof and are incorporated herein as if set out in full in this application; and certifies that all the statements made in Part III of this application are true, complete and correct to the best of his (her) knowledge and belief.

Willful false statements made on this application are punishable by fine and imprisonment (U. S. Code, Title 18, Section 1001) and/or revocation of any station license or construction permit (U.S. Code, Title 47, Section 312(a)(1)) and or forfeiture (U.S. Code, Title 47, Section 503).

Typed/Printed Name of Transferee	Signature	Title (Office Held by Person Signing)	Date
New Shareholders of Arch Communications Group, Inc.		Executive Vice President, Technology and Regulatory Affairs	AUG 26 1998